

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 1

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

± October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1924 of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY \$ -0-
b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A page 5a (01-01)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A page 5a (99-16)

10. SUBJECT OF AMENDMENT:

Update of the monthly amount for home maintenance

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

M. Jane Kitchel

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

January 22, 2001

16. RETURN TO:

Roxanne Doty
Planning & Evaluation Division
Dept of Prevention, Assistance,
Transition, and Health Access
103 South Main Street
Waterbury VT 05671-1201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1/23/01

18. DATE APPROVED:

4-3-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

Margaret Stone for

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Revision: HCFA-PM-97-2
December 1997

ATTACHMENT 2.6-A
Page 5a
OMB No.:0938-0673

State: Vermont

Condition	Condition or Requirement
<u>X</u>	Amount for maintenance of home is: \$ <u>428.28</u> .
<u> </u>	Amount for maintenance of home is the actual maintenance costs not to exceed \$ <u> </u> .
<u> </u>	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
<u>X</u>	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

TN No. 01-01
Supersedes
TN No. 99-16

Approval Date

4/3/01

Effective Date 10/1/00